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NEWS 19	AUG 27	CAS definition of basic patents expanded to ensure comprehensive access to substance and sequence information
NEWS 20	SEP 18	Support for STN Express, Versions 6.01 and earlier, to be discontinued
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NEWS 22	SEP 26	WPIDS, WPINDEX, and WPIX coverage of Chinese and and Korean patents enhanced
NEWS 23	SEP 29	IFICLS enhanced with new super search field
NEWS 24	SEP 29	EMBASE and EMBAL enhanced with new search and display fields
NEWS 25	SEP 30	CAS patent coverage enhanced to include exemplified prophetic substances identified in new Japanese-language patents
NEWS 26	OCT 07	EPFULL enhanced with full implementation of EPC2000
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L1      175784 (BONE(W) MORPHOGEN OR BONE(W) MORPHONGENIC(W) PROTEIN OR GDF OR
               MP121 OR DORSALIN OR UNIVIN OR NODAL OR SCREW OR ADMP OR NURAL)

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L2          14 L1 AND PROTEINURIA

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L3          11 L2 AND PY<2002

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L4           6 DUP REM L3 (5 DUPLICATES REMOVED)

=> dis ibib abs l4 1-6

L4   ANSWER 1 OF 6  EMBASE  COPYRIGHT (c) 2008 Elsevier B.V. All rights
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ACCESSION NUMBER:   2001164796  EMBASE
TITLE:              Nodal plasmacytoma with significant
                    paraproteinaemia.
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AUTHOR: Shek, T.W.H., Dr. (correspondence); Ma, S.K.; Au, W.Y.
CORPORATE SOURCE: Department of Pathology, Queen Mary Hospital, Hong Kong, Hong Kong.
SOURCE: Leukemia and Lymphoma, (2001) Vol. 40, No. 3-4, pp. 425-428.
Refs: 7
ISSN: 1042-8194 CODEN: LELYEA
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
016 Cancer
025 Hematology
005 General Pathology and Pathological Anatomy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 23 May 2001
Last Updated on STN: 23 May 2001

AB We present a case of primary nodal plasmacytoma in an elderly Chinese woman that was associated with significant paraproteinaemia and paraproteinuria. Clinical and laboratory features of the patient satisfied Durie's criteria for the diagnosis of multiple myeloma. The present case was unusual in two aspects. Firstly, there was no evidence of clonal plasma cell proliferation elsewhere in the body after extensive radiological investigations, repeated bone marrow examinations, and polymerase chain reaction for immunoglobulin gene rearrangement study. Secondly, the clinical behaviour was indolent despite the large amount of paraprotein production, and showed satisfactory disease control with local radiotherapy. The differential diagnoses of plasmacytosis in the lymph node are also discussed.

L4 ANSWER 2 OF 6 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 1999003868 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9787600
TITLE: A case of gastric cancer with nephrotic syndrome.
AUTHOR: Eriguchi N; Aoyagi S; Hara M; Tanaka E; Hashimoto M
CORPORATE SOURCE: Department of Surgery, Kurume University School of Medicine, Japan.
SOURCE: The Kurume medical journal, (1998) Vol. 45, No. 3, pp. 283-6.
Journal code: 2985210R. ISSN: 0023-5679.
PUB. COUNTRY: Japan
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199811
ENTRY DATE: Entered STN: 6 Jan 1999
Last Updated on STN: 6 Jan 1999
Entered Medline: 5 Nov 1998

AB A 77-year-old woman complaining of anorexia and nausea was referred to the hospital with a diagnosis of advanced gastric cancer. The patient also had congestive heart failure with atrial fibrillation and severe hypoproteinemia. Proteinuria, hypoproteinemia and other laboratory data suggested that she had nephrotic syndrome. Total protein level was 4.6 g/dl and albumin level was 1.6 g/dl. In order to avoid postoperative complications such as wound dehiscence, anastomotic leakage and so on, careful pre- and post-operative management of nephrotic syndrome is necessary. Administration of albumin and fresh frozen plasma regimen was continued after the operation. Urinary protein level started to decrease after subtotal gastrectomy. Histological examination revealed moderately differentiated tubular adenocarcinoma with nodal metastases. Her post-operative course was uneventful. Although the signs

and symptoms of nephrotic syndrome did not improve immediately, twelve months after operation she has become well and has no symptoms of ascites and hypoproteinemia.

L4 ANSWER 3 OF 6 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 1996439481 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8841812
TITLE: Eclampsia after polychemotherapy for nodal -positive breast cancer during pregnancy.
AUTHOR: Muller T; Hofmann J; Steck T
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University of Wurzburg, Germany.
SOURCE: European journal of obstetrics, gynecology, and reproductive biology, (1996 Aug) Vol. 67, No. 2, pp. 197-8.
Journal code: 0375672. ISSN: 0301-2115.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 28 Jan 1997
Last Updated on STN: 28 Jan 1997
Entered Medline: 6 Jan 1997
AB We report the case of a 39-year-old para-4 gravida-4 who received polychemotherapy 5-fluorouracil 600 mg/m2, cyclophosphamide 600 mg/m2 and epirubicin 50 mg/m2 for invasive breast cancer (pT2N2Mo) with extensive metastatic involvement of all 23 axillary lymph nodes removed at 29 gestational weeks. Soon after the second course of chemotherapy at 35 weeks, she developed two eclamptic tonic-clonic seizures which were treated by antihypertensive and anticonvulsive drugs and delivery of a healthy infant, 1650 g (< 10th percentile) by cesarean section. That this patient indeed suffered from eclampsia was supported by the findings of transient postpartum severe hypertension (peak 170/110 mmHg), proteinuria (peak 3.2 g/24 h), incomplete features of the HELLP syndrome (thrombocytopenia 81,000/mm3, haptoglobin < 10 mg/dl) and of DIC, and by the results of cerebral CT scanning showing two 1-cm ischemic lesions. Since the detrimental effect of antineoplastic agents on the rapidly proliferating trophoblast is well known and as abnormal placental function, such as in triploidy, trisomy or hydatiform mole, has been associated with an increased risk for preeclampsia/eclampsia, a possible causal relationship between polychemotherapy and the subsequent development of this rare disorder is suggested.

L4 ANSWER 4 OF 6 MEDLINE on STN DUPLICATE 3
ACCESSION NUMBER: 1993009176 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1395162
TITLE: Spontaneously remitting minimal change nephropathy preceding a relapse of Hodgkin's disease by 19 months.
AUTHOR: Korzets Z; Golan E; Manor Y; Schneider M; Bernheim J
CORPORATE SOURCE: Department of Nephrology, Meir General Hospital, Kfar Saba, Israel.
SOURCE: Clinical nephrology, (1992 Sep) Vol. 38, No. 3, pp. 125-7. Ref: 20
Journal code: 0364441. ISSN: 0301-0430.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals

ENTRY MONTH: 199211
ENTRY DATE: Entered STN: 22 Jan 1993
Last Updated on STN: 6 Feb 1998
Entered Medline: 6 Nov 1992

AB A 35-year-old women was diagnosed as suffering from Hodgkin's disease, lymphocytic predominant, based on a biopsy of an enlarged axillary lymph node. She was classified as stage IIA. Subtotal nodal irradiation resulted in a full remission. Ten months later she presented with a full blown nephrotic syndrome. Renal biopsy disclosed minimal change nephropathy. Despite extensive investigation no evidence of a relapse of the lymphoma was found. Whilst undergoing the investigation her proteinuria began to decrease and during the next 5 months it totally disappeared with no specific treatment being administered. Fourteen months after complete cessation of the proteinuria a left parasternal mass appeared. Biopsy confirmed a relapse of Hodgkin's lymphoma. The patient fully responded to chemotherapy and local irradiation. Noticeably, during the relapse and currently after a 3.5 year follow up period the patient has remained free of proteinuria . A review of the literature yielded altogether 14 cases in which the course of minimal change nephropathy did not run in parallel to that of the lymphoma. These are discussed in detail.

L4 ANSWER 5 OF 6 MEDLINE on STN
ACCESSION NUMBER: 1985291961 MEDLINE
DOCUMENT NUMBER: PubMed ID: 4031967
TITLE: A systemic lymphoproliferative disorder with morphologic features of Castleman's disease: clinical findings and clinicopathologic correlations in 15 patients.
AUTHOR: Frizzera G; Peterson B A; Bayrd E D; Goldman A
CONTRACT NUMBER: CA 16450-09 (United States NCI)
SOURCE: Journal of clinical oncology : official journal of the American Society of Clinical Oncology, (1985 Sep) Vol. 3, No. 9, pp. 1202-16.
Journal code: 8309333. ISSN: 0732-183X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198510
ENTRY DATE: Entered STN: 20 Mar 1990
Last Updated on STN: 3 Feb 1997
Entered Medline: 11 Oct 1985

AB Fifteen patients (11 males, four females; median age 57) manifested a disease characterized by (1) the histopathologic features of Castleman's disease, plasma cell type, in lymph node biopsies; (2) predominantly lymphadenopathic disease, involving multiple, preferentially peripheral nodal groups; (3) varied manifestations of multisystemic involvement (such as constitutional symptoms; splenomegaly and hypergammaglobulinemia; elevated ESR, anemia, and thrombocytopenia; hepatomegaly and altered liver function tests (LFTs); signs of renal disease); and (4) idiopathic nature. Two main patterns of evolution were recognized: persistent, with sustained clinical manifestations, and episodic, with recurrent exacerbations and remissions. Seventy-three percent of patients had infectious complications, and 27% developed malignancies. Complete remissions were obtained occasionally with antineoplastic agents and with splenectomy but not with glucocorticosteroids alone. The median survival time is 30 months; 60% of patients have died. Median follow-up in the six surviving patients is 97+ months. A review of 50 cases in the literature revealed similar clinical and laboratory features. Despite some similarities with autoimmune

diseases, the main features of this process seem to best fit a hyperplastic-dysplastic lymphoid disorder in a setting of immunoregulatory deficit.

L4 ANSWER 6 OF 6 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1983227547 EMBASE
TITLE: Potentiation of nephrotoxic serum nephritis in Lewis rats by Freund's complete adjuvant. Possible role for cellular immune mechanisms.
AUTHOR: Moorthy, A.V.; Abreo, K.
CORPORATE SOURCE: Dep. Med., Univ. Wisconsin, Madison, WI 53706, United States.
SOURCE: Clinical Immunology and Immunopathology, (1983) Vol. 28, No. 3, pp. 383-394.
ISSN: 0090-1229 CODEN: CLIIAT
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 026 Immunology, Serology and Transplantation
028 Urology and Nephrology
005 General Pathology and Pathological Anatomy
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Dec 1991
Last Updated on STN: 9 Dec 1991

AB Lewis rats receiving subnephritic doses of nephrotoxic serum (NTS) showed increased albuminuria and glomerular histopathologic alterations during the autologous phase of nephrotoxic nephritis (NTN) when they received simultaneous footpad injections of Freund's complete adjuvant (FCA). Lymph nodal lymphocytes from such experimental rats showed increased in vitro cellular sensitization to the nephrotoxic IgG as measured by [(3)H]thymidine incorporation. Such a lymphocyte blastogenesis response was not detected in rats receiving the same doses of FCA or NTS alone. Antibody titers to the nephrotoxic rabbit IgG were not different in the two groups of rats as measured by enzyme-linked immunosorbent assay. The transfer of lymph nodal mononuclear cells from rats with NTN potentiated by FCA, was able to induce albuminuria and glomerular histopathologic alterations in recipients treated with NTS. In the above experimental model FCA appears to potentiate the autologous phase of NTN by cellular immune mechanisms.

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